EASTERN KENTUCKY UNIVERSITY
EMERGENCY MEDICAL CARE PROGRAM

STUDENT POLICY HANDBOOK
2020-2021

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Preface

The purpose of this handbook is to provide a handy compendium of information about our Program's policies and procedures, as well as resources available to you. It is not comprehensive, though, and is intended to supplement information found in other documents such as the **University Student Handbook,** the **Undergraduate Catalog**, and the **Online Course Schedule.** These documents can be accessed online through EKU Direct or a simple web search as the case may be.

An additional important document is the course syllabus that your instructor will distribute to at the beginning of each course, each semester. The syllabus contains the course grading policy, learning objectives, requirements for course completion, and other important information specific to that course. Taken together, your syllabi and this handbook should provide you a roadmap to completing your studies in as smooth and predictable manner as is possible.

Your success in our program ultimately depends on you! We will provide information, education, effective learning spaces, support, and guidance, but ultimately it is your effort- including abiding by the information presented in this handbook- that will determine your path.

We're glad you're in our program, and we look forward to seeing you in the classroom!

EMS Provider Code of Ethics

Professional status as an EMS Practitioner is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Service. The EMC Program expects students to adhere to these ethical principles:

The fundamental responsibility of the EMS provider is to conserve life, to alleviate suffering, and to promote health.

The EMS provider delivers services based on human need, with respect for human dignity, unrestricted by considerations of nationality, race, creed, color, or status.

The EMS provider does not use professional knowledge and skill in any enterprise detrimental to the public good.

The EMS provider respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.

The EMS provider as a citizen understands and upholds the laws and performs the duties of citizenship; as a professional person the Emergency Medical Technician has particular responsibility to work with other citizens, and health professions in promoting efforts to meet the health needs of the public.

The EMS provider maintains professional competence and demonstrates concern for the competence of other members of the medical profession.

The EMS provider assumes responsibility in defining and upholding standards of professional practice and education.

The EMS provider assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows and upholds the laws, which affect the practice of the Emergency Medical Technician.

The EMS provider has the responsibility to participate in the study of and action on matters of legislation affecting Emergency Medical Technicians and emergency service to the public.

The EMS provider adheres to standards of personal ethics, which reflect credit upon the profession.

The EMS provider may contribute to research in relation to a commercial product or service, but does not lend professional status to advertising, promotion, or sales.

The EMS provider, or groups of providers, who advertise professional services, do so in conformity with the dignity of the profession.

The EMS provider has an obligation to protect the public by not delegating to a person less qualified, any service which required the professional competence of an Emergency Medical Technician.

The EMS provider works harmoniously with, and sustains confidence in, Emergency Medical Technician associates, the nurse, the physician, and other members of the health team.

The EMS provider refuses to participate in unethical procedures and assumes the responsibility to expose incompetence or unethical conduct in others to the appropriate authority.

Physical Ability Requirements

Eastern Kentucky University and the EMC Program does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services.

However, the EMTs and Paramedics must be able to complete certain physical tasks in order to pass state and national examinations, which are prerequisites for certification and licensure. Accordingly, all students must be able to perform the following tasks without assistance:

- Insertion of basic airway adjuncts.
- Airway suctioning.
- CPR.
- Defibrillation / Cardioversion.
- Visual EKG Interpretation.
- Nasal and Tracheal intubation.
- IV infusion delivery set-up.
- Manual cervical immobilization.
- Medication administration:
    - ♦ Selection of correct medication.
    - ♦ Manipulating syringes and needles.
- Obstetric Delivery.
- Obtaining and evaluating basic vital signs.
- Peripheral IV insertion.
- Physical assessment (primary and secondary).
- Thoracic decompression
- Hemorrhage control

TECHNICAL STANDARDS FOR WHICH ACCOMMODATIONS CANNOT BE MADE

- Read, write and understand the English language.
- Recording and communicating medical data.
- Exercising appropriate professional judgment.
- Exercising appropriate professional behavior.

Required Immunizations

Due to the interaction between Paramedic students and patients and the policies of clinical internship sites, the Emergency Medical Care Program requires evidence of certain immunizations. Refusal to be vaccinated against the following illnesses will prevent the student from completing the program.

- TB Skin Test (2nd one required within 1 year of first for Ephraim McDowell OR Rotations)
- Hepatitis B
- MMR
- Influenza
- Varicella
- Tdap

Proof of these immunizations must be uploaded into Fisdap by August 21, 2020.

Channels of Communication

Questions regarding a course or its content must first be addressed to the instructor of record for that course. General questions about the academic program must first be addressed to the student's academic advisor. Personal counseling is available through the University counseling Center.

Most official communication from our program occurs via email. Students are expected to check their official student email on a daily basis.

Our program maintains an active Facebook page, called "EKU Paramedic Degree Program," where many kinds of informal resources are shared. You are encouraged to like and follow this page for access to a wide variety of extra-curricular information.

Program Grading Policy

Students must maintain a "C" in all EMC classes, or they must repeat the course. The grading scale for all courses with an EMC course code is all follows:

A- 90 to 100
B- 85 to 89
C- 80 to 84
D- 60 to 79
F- 60 or less

Advanced Sequence Admission

Students are accepted for admission into the Advanced EMC program once a year in the spring, for the following fall semester. Selection is competitive, and due to limited enrollment space you are advised to apply early and meet all deadlines. Admission is based on the following factors:

Prerequisites for Advanced Sequence application:

- Completion of EMC 300 (EMS Operations) with a C or higher.
- Completion of EMC 303 (Intro to Cardiology) with a C or higher.
- Completion of BIO 307 (Anatomy I) with a C or higher.
- Completion of BIO 308 (Physiology I) with a C or higher.
- NREMT EMT certification (*may be pending at the time of Advanced Sequence application*).
- At least 30 patient contacts as a certified EMT (either through completion of EMC 115, or credit awarded in-lieu-of through departmental approval of documented work experience).

Weighted criteria used to rank Advanced Sequence applications:

- EKU GPA (25%)
- Fisdap Paramedic Entrance Exam score (50%)
- NREMT or KBEMS EMT certification (25%)

The Fisdap entrance exam is offered every April, and is used to evaluate readiness for the Advanced Sequence. It measures the following components of fundamental EMS knowledge and attributes:

- Anatomy and Physiology
- Reading comprehension
- Math
- EMT knowledge
- M5-50 Personality Inventory that measures sympathy, conscientiousness, and resiliency to stress.

Advanced Sequence Progression

Students in the Advanced Sequence who do not make a "C" in one or more of the courses that comprise the Sequence (courses at the 300 level comprising the core Paramedic curriculum) generally must retake all Advanced Sequence courses for that semester the following year. The reason for this is that the Advanced Sequence is indeed sequential in nature, and its courses are only offered once each academic year.

For example, EMC 342 is only offered each Fall. If an Advanced Sequence student makes a grade of D in EMC 342, their progression through the Advanced Sequence will halt, because EMC 342 is a prerequisite for EMC 352 offered once each Spring.

Advanced Sequence Dismissal Policy

Where sufficient cause exists, a student may be dismissed from the Advanced Sequence. In addition to the list in the University Handbook for Students, the following are examples of offenses which may arise in the student's relationship with the University community as an Emergency Medical Care major and which might result in dismissal:

1. Unprofessional conduct within clinical areas,
2. Actions which may jeopardize the safety of a patient,
3. Breech of patient confidentiality,
4. Performance of unauthorized medical procedures.

Advanced Sequence Readmission Guidelines

Students in the Advanced Sequence who do not maintain a C, and thus must repeat a course the following Semester, must reapply to the Advanced Sequence. A maximum of two total admissions are allowed.

Must-Pass Certification Courses

The EMC program facilitates the delivery of several industry-standard certification courses each year, to supplement the traditional classroom curricula. These courses are mandatory, and successfully earning these certifications is necessary to progress through the program.

Generally, these certification courses corresponded to related university courses, and are included in their syllabi as course requirements. For example:

Certification	University Course	Semester
ACLS	EMC 310 (Advanced Cardiology)	Fall
PHTLS	EMC 320 (Trauma)	Fall
PALS	EMC 305 (Peds & OB/GYN Emergencies)	Spring
AMLS	EMC 340 (Medical Emergencies II)	Spring

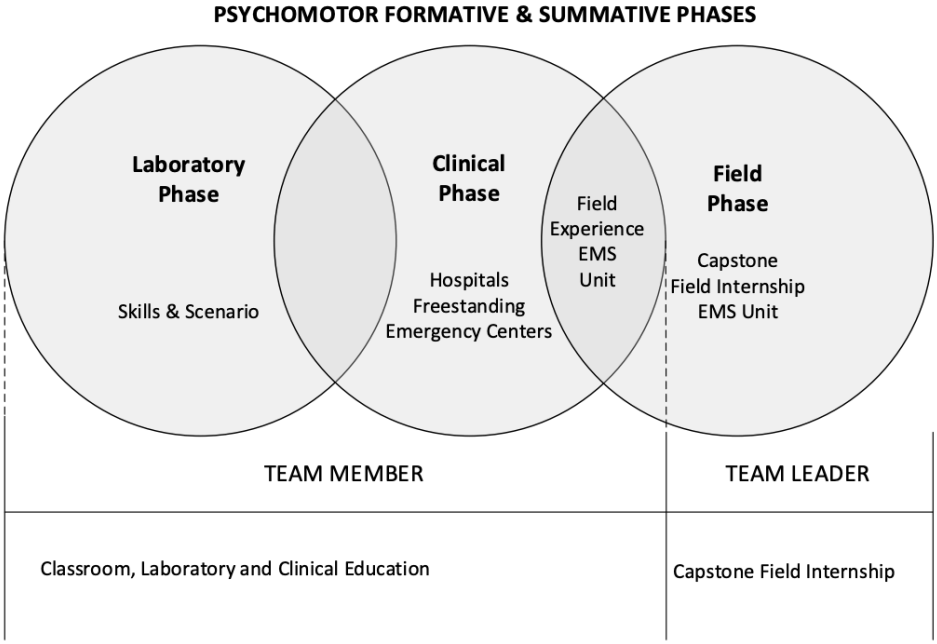
Students should refer to the syllabus for each of the above-listed University Courses for the specific dates of these of these courses. A "Key Dates" calendar listing the *planned* dates is included at the beginning of this handbook as well.

Other certification courses may be offered as schedules and resources permit. Courses such as TCCC, ASLS, NRP (Neonatal Resuscitation Provider) and more are examples of supplemental experiences that might be offered from time to time. Students will be notified of these opportunities.

Clinical & Field Internships

To master the psychomotor domain of EMS, students in the Advanced Sequence take a series of courses that are coupled with rotations (referred to as "internships") through healthcare facilities and 911 agencies. Together, these courses and internships constitute the "Psychomotor Formative and Summative Phases" that the National Registry of EMT's requires candidates for certification to complete prior to testing.

These courses are EMC 342/L, EMC 352/L, EMC 360/L, and EMC 362/L.



EMC 342/L corresponds to the **Laboratory Phase.**
EMC 352/L corresponds to the **Clinical Phase**.
EMC 360/L corresponds to the **Field Phase**.
EMC 362 corresponds to the **Capstone Internship/Team Leader phase**.

In each of these phases, students will demonstrate competency in core Paramedic skills and knowledge in class prior to practicing them during internship.

Field Internship Sites

Madison County EMS
Estill County EMS
Montgomery County Fire/EMS
Jessamine County EMS
Florence Fire/EMS
Oldham County EMS
Somerset/Pulaski County EMS
Burlington Fire/EMS
Georgetown-Scott County EMS
St. Matthews Fire/EMS

Clinical Rotation Sites

University of Kentucky Chandler Medical Center
Veterans Affairs Hospital Lexington
Baptist Health Lexington
St. Joseph Lexington

Uniforms & Items

The EMC Advanced Sequence Uniform consists of a Maroon polo shirt, Dark Navy Blue tactical pants, a black nylon tactical belt, and black safety toe boots. Students must wear this uniform on all field rotations. Scrubs of a specified color are required on hospital rotations.

During cold weather, students may wear a Dark Navy Blue EMC Program job shirt, and plain back or Dark Navy Blue headwear.

Students are responsible for purchasing these items. Maroon Polos and job shirts are sold through the Ep Sig Store at https://squareup.com/store/epsig

Students must also purchase and carry with them:

- Wrist watch
- Penlight
- Stethoscope
- Trauma shears
- Ink pen and note pad
- Safety glasses

Fisdap

Advanced Sequence students are required to create a Fisdap account, and purchase the following features:

- Skills Tracker (Unlimited)
- Scheduler (Unlimited)
- Paramedic Comprehensive Exams

The instructors of EMC 342, 352, 360, and 362 will instruct you on how to set up and use these features.

Clinical & Field Internship Policies

1. Students may only do a maximum of 50% of their field internship at their place of employment.

2. Students must wear the official EMC program uniform while on duty.

3. Name tags and role badges must be worn in a visible manner at all times to identify the individual as a student. No other pins or jewelry is to be worn on the uniform.

4. Each student is expected to provide the following equipment during each duty assignment:
    - stethoscope
    - watch with sweep second hand (or digital watch with stop watch capabilities)
    - black ink pen
    - Pen light and trauma shears.

5. Students must carry all EMS certification cards with them at all times.

6. All students shall function under direct physical supervision of a certified paramedic, registered nurse, or licensed physician at all times.

7. All students must follow all policies, procedures, and practices of the hospital or EMS agency to which they have been assigned.

8. Each student is expected to report to the instructor or preceptor fifteen (15) minutes before the scheduled time and to be fully prepared to begin his/her duty assignment promptly as scheduled.

9. If any student is unable to attend, he/she must contact the hospital, agency, or preceptor no less than two (2) hours BEFORE he/she is to report on duty. If extenuating circumstances arise, the hospital department or agency as well as the faculty or preceptor must be notified as soon as possible.

Clinical Incident Reporting

In the event that a student is injured during an assigned clinical period, is exposed to a contagious disease, or errs in the performance of a skill which results in potential harm to the patient or student, the Program Director must be contacted immediately. Failure to properly report these or similar occurrences could result in academic suspension or loss of benefits from University programs, such as health services or malpractice insurance.

Appendix A:
Infection Control Plan

1.0 Blood Borne Pathogens:

1.10General information -

Blood borne pathogens shall include any microorganisms that are present in human blood and can cause disease in humans.

1.20 Examples of pathogens -

These shall include, but are not limited to Hepatitis (A, B and non-A non-B) and HIV.

1.30 Routes of infection -

These pathogens are to be considered contagious and present a danger of infecting any person coming into contact with human blood, human blood products or other potentially infectious bodily fluids. The risk of infection is increased when the person coming into contact with these possibly infectious materials, contacts them at a break in their skin, their mucous membranes or from injection injuries. **The resulting diseases may produce prolonged disabilities, illness or death. Infection of a student not only effects the student but his or her family and peers; therefore, it is the duty of each student to make every effort to avoid infection.**

2.0 Review of Plan

This plan shall be reviewed and updated at least annually. Additional revisions shall be made as deemed necessary to reflect new or modified job descriptions, tasks or procedures. Each student shall review this plan annually and upon the occasion of each revision.

3.0 General Statement:

All personnel involved in patient care and or transportation shall use universal precautions throughout the care and or transportation of a patient and during all laboratory and clinical settings. The following materials shall be considered possibly infectious: vomit, blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural secretions, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any fluid(s) containing blood and or where there is a possible mixture of blood with other bodily fluids. Students shall wear of latex gloves throughout each patient (including laboratory) contact. Students shall wear masks and protective eyeshields when there is a danger of splash of bodily fluids. Mouth pipeting or suctioning of any potentially infectious materials is prohibited.

4.0 Exposure Control Practices:

4.10 Hand washing -

Each student shall wash their hands with soap and water to assure their cleanliness prior to beginning their work. Each student shall wash his or her hands following each patient contact. If washing his or her hands is not possible, the student will disinfect his or her hands between calls, using a site provided broad-spectrum disinfectant. Washing hands with soap and water shall be done at the earliest opportunity. Hand washing shall include thoroughly cleaning under fingernails and between fingers. The student shall wear University approved latex gloves throughout each patient contact.

4.20 Sharps disposal:

The student shall dispose of all sharps by placing them inside a puncture resistant sharps' container; these are to be kept closed except when opened to dispose of a sharp. Once filled, not overfilled, these sharps' containers are to be disposed of at the direction of the Instructor and shall be replaced by the student. **Recapping sharps is prohibited.**

4.30 Personal protective attire:

The University will provide the following protective attire/equipment-
eye shields, masks, latex gloves, caps, gowns heavy extrication coats, safety boots and light jackets.

4.31 When to wear protective attire -

Each student will wear assigned uniforms while in clinical and internship settings. Students will wear assigned eyeshields whenever their contact with a patient (or in laboratory) involves intravenous therapy, handling unfixed tissue or organ, intubation, suctioning, obstetrical care, hemorrhage control and whenever there is the presence of possibly infectious materials. The student must wear fluid repellent gowns when there is the possibility of their clothing being exposed to a possibly infectious material by splashing or otherwise contacting their clothing.

4.32 Wearing latex gloves -

Students shall wear latex gloves throughout each patient contact or laboratory session that involves possibly infectious materials. Any Student entering the patient care area must observe universal precautions including wearing latex gloves while in the presence of a patient.

4.40 Antiseptic hand cleaner -

If any materials described as possibly infectious have come in contact with a student, he or she shall disinfect their contacted areas with the University (or site) provided broad spectrum cleaner or with soap and water.

4.50 Contaminated vehicle -

If a Student does not follow guidelines for removing gloves and disinfection, all contacted areas are to be considered contaminated.

4.60 Contaminated surfaces

All surfaces contacted by potentially infectious materials shall be cleaned with a broad spectrum disinfectant as soon as possible. Any surface that remains soiled and potentially infectious after cleaning, shall be disposed of by the Instructor.

4.70 Non-sharps waste

Non sharps waste shall be place in red "Haz-Mat" bags and shall be disposed of by the Instructor.

5.0 Food Transportation:

*This shall serve as the guideline for the transportation and the consumption of any food or *non-alcoholic beverage in a University operated vehicle. Alcoholic beverages may not be transported in University vehicles or consumed by University students while performing any work related task, or during any class related period.*

5.10 General -

All vehicles should be maintained in a clean condition.

5.20 Transportation:

Students may transport food and beverages within the a vehicle. The food must be removed prior to the return of the vehicle to the University's pool. All food items must be wrapped or placed in a container during patient transportation.

5.30 Transportation in contaminated vehicle:

If a vehicle becomes contaminated, all food products within the vehicle, wrapped or unwrapped, must be discarded.

5.40 Consumption:

Students must wash hands with soap and water prior to consuming food and no food may be consumed in any laboratory area.

6.0 Student Individual Health History:

Upon acceptance into the advanced sequence, each student shall have a permanent health record established with the Program. Access to this file shall be limited to Program officials, as deemed necessary, to provide adequate medical attention for that student or to insure compliance with current infection control guidelines. This record will include documentation of Hepatitis B consent forms, administration or refusal of Hepatitis B vaccines and follow-up for each exposure to infectious materials.

7.0 Compliance

7.10 Monitoring -

Instructors and the Program Director shall routinely assess compliance with this plan by inspecting the laboratory areas and directly observing student performances in those areas.

7.20 Enforcement -

Strict compliance with this rule shall be mandatory. Any student failing to comply with this plan shall be subject to disciplinary action.

8.0 EXPOSURE:

8.10 General -

Exposure shall be defined as a "specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an student's duties."

8.20 Risk of exposure:

8.21 <u>Student Group A -</u>
Students in this group shall include but are not limited to:
Basic, Intermediate and Advanced EMTs performing direct patient (or laboratory) contact on a routine or non-routine basis.

8.22 Group A hazardous tasks-
Students in this group, routinely perform tasks that involve a risk of being exposed to materials described in this document as potentially infectious. The students potentially involved in performing, or possibly in the presence of any the following tasks are considered to be in this high risk group:

tracheal intubation, esophageal airway placement, intravenous therapy, hemorrhage control, suctioning, IV medication administration and or any procedure which may place the student in contact with the substances listed in this document as being potentially infectious.

8.23 <u>Student Group B</u>
Students in this group shall include but are not limited to:
student workers

8.24 Group B hazardous tasks -
Students in this group do not routinely perform tasks that involve a risk of being exposed to materials described in this document as potentially infectious. These students are routinely involved in clerical, general office and maintenance duties.

8.40 In the event of exposure:

8.41 Student's initial responsibilities -
The student should wash the effected area(s) if possible and seek immediate care for any injuries if needed. Immediately following an exposure, the student must notify the Instructor as to the nature and extent of the exposure; if immediate notification is impossible, the student must make such notification at the earliest possible opportunity.

8.42 Student's secondary responsibilities -
Upon the direction of the Instructor, the student will be evaluated by either the Physician treating the student's related injuries or a University Physician. The student shall complete an "exposure notification form", which must include the events involved in the incident and the names of all persons directly involved or who witnessed the incident. The student may provide a blood sample to be used for base-line values if consent is obtained for each incident.

8.43 Instructor's initial responsibilities -
The Instructor shall assist as needed to assure that the exposed student receives any needed medical attention for injuries received during the incident.

8.44 Instructor's secondary responsibilities -
The Instructor will instruct the student to be evaluated either by a Physician in the most appropriate Emergency Department or by a University Physician.

8.45 Lab work -
The Instructor will contact the Physician to arrange the collection of a blood sample from the source patient and the student . If the student does give permission for blood collection but not for HIV serum testing; arrangements for the collecting facility must be made to store the sample for at least 90 days.

8.46 Instructor's follow-up -

The Instructor shall document the attending physician's recommendation for or against any post-incident prophylactic therapy. Copies of all information collected shall be forwarded to the student's Program maintained permanent medical file.

8.47 Infection Control Officer's initial responsibilities -

The Infection Control Officer (ICO) shall confirm the student's receipt of Hepatitis B vaccination(s) and shall provide the student with a written evaluation of the student's need for obtaining such vaccination. That evaluation shall also include a list of medical conditions that may result from exposure to blood or other potentially infectious materials that require further evaluation or treatment(s).

8.48 Infection Control Officer's secondary responsibilities -

The ICO will review all information collected about the exposure and be available to meet with the student to review the material within 3 days after the incident. The student shall be made aware of all information collected about the exposure and shall be advised as to the availability of post exposure counseling. The student must be provided with a "refusal to allow testing" form, no more than 10 days after the exposure and no less that 30 days prior to the end of the 90 day storage period of the student's blood sample. Information about the exposure source blood results shall be made available to the student.

8.50 Respiratory Protection Plan

8.51 Required Fit Testing

All students must undergo respirator fit testing conducted in accordance with OSHA CRF 1910.134 prior to beginning field or clinical rotations.

8.52 Issuance of PPE

EKU EMC will issue each student a respirator for use on clinical and field rotations. This respirator must be carried at all times whiles on rotations.

8.53 Wearing PPE

Students must wear their respirator whenever treating a known or suspected respiratory illness patient, as well as while performing aerosolizing procedures, invasive airway procedures, and while conducting patient care activities in an enclosed space for a prolonged period of time (defined as proximity of less than 6 feet for greater than 15 minutes).

APPENDIX B:
HEPATITIS-B VACCINATION CONSENT FORM

HEPATITIS-B DISEASE

Hepatitis-B (HBV) is a viral infection caused by the Hepatitis-B virus (HBV). HBV can cause serious consequences including acute hepatic necrosis, chronic active Hepatitis-B and cirrhosis of the liver. Many experts feel that HBV is also a causative factor in the development of liver cancer. Cases involving HBV results in a 1-2% death rate. In cases where a fatality does not occur, 6-10% of these patients become carriers. These carriers do not present with the symptoms of HBV but can still transmit the disease. Health care providers are classified as high risk and have an almost 100% chance of being exposed.

HEPATITIS-B VACCINE

Hepatitis-B Vaccine is a noninfectious recombinant DNA Hepatitis-B vaccine. It contains purified surface antigen of the virus obtained by culturing genetically engineered *Saccharomyces cerevisiae* cells, which carry the surface antigen gene of the HBV. It has been extensively tested for safety and efficacy in large scale clinical trials with human subjects.

Full immunization requires three doses of the vaccine. Although some persons do not develop immunity even after three doses. This vaccine will not prevent Hepatitis caused by Hepatitis-A virus, non A non B viruses or Hepatitis-D virus.

There is no evidence that the vaccine has ever caused Hepatitis-B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical Hepatitis-B in spite of the immunization. The duration of the immunity is unknown at this time. However, if there is a future recommendation by Center for Disease Control for booster injections, they will be offered to each student.

POSSIBLE VACCINE SIDE EFFECTS

The incident of side effects is very low. A few people experience tenderness and redness at the site of the injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. The possibility exists that more serious side effects can occur in less than 1% of the people receiving the vaccine. This information is available upon request.

SPECIAL PRECAUTIONS

Hypersensitivity to yeast or any other component of the vaccine is a contraindication. Women who are pregnant or breast-feeding should receive advice from their doctor before receiving the vaccine.

ADMINISTRATION

The vaccine is administered intramuscularly in three doses. The second dose follows the first by one month, and the third dose is given six months from the first. According to available data, the immunity will last at least five years in persons receiving all three doses. The Center for Disease Control feels that this period may be longer, however, no studies have been done to confirm this fact as to date.

Hepatitis-B Vaccine
Side Effects Occurring In Less Than 1% Of Injections

Local reactions at the injection site :
Pain; pruritus; ecchymosis

Body as a whole:
Sweating; malaise; chills; weakness; flushing; tingling

Cardiovascular system :
Hypotension

Respiratory system:
Influenza-like symptoms; upper respiratory tract illness

Gastrointestinal system:
Nausea; anorexia; abdominal pain/cramps; vomiting; constipation; diarrhea
Lymphatic system: Lymphadenopathy

Musculoskeletal system: Pain/stiffness in arm, neck, and shoulder; arthralgia; myalgia; back pain

Skin and appendages : Rash; urticaria; petechiae; pruritus; erythema

Nervous system : Somnolence; insomnia; irritability; agitation

I HAVE READ AND UNDERSTAND THESE POSSIBLE SIDE EFFECTS.

_____ _____
Student Signature date

I have read the attached statement about Hepatitis-B B and the Hepatitis-B vaccine. I have attended an approved Infection Control educational session within the past 12 months. I have had an opportunity to ask questions, and understand the risks and benefits of Hepatitis-B vaccination. I understand that I must have three doses of the vaccine to become immune. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience any adverse side effect from the vaccine. If pregnant or breast-feeding, I understand that I must consult with my physician prior to taking the vaccine. I also understand it is my responsibility to assure I follow the recommended timetable for receiving my vaccination as noted in this document.

( ) I request that the vaccination be given to me.

( ) I have decided not to receive the vaccination.

_____ _____
Student Signature date

_____ _____
Witness Signature date

EKU EMERGENCY MEDICAL CARE PROGRAM

Handbook Acknowledgement

I have received a copy of the Emergency Medical Care Program Student Handbook and understand its contents.

_____ _____

Signature Date

_____ _____

Name Printed Legibly ID #